



**VERIFICATION OF PRESENT EMPLOYMENT FOR PERSON TRANSFERRING TO
TIAA-CREF COVERED EMPLOYMENT**

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 18742(Rev. 08/2004)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

**NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
(701) 328- 3900 • 1-800-803-7377 • Fax 701-328-3920**

PART A EMPLOYEE INFORMATION			
Name (Last, First, Mi)		Date of Birth	Social Security Number
Present Employer			Department Number
Address	City	State	Zip Code + 4
PART B VERIFICATION OF PRESENT EMPLOYMENT (TO BE COMPLETED BY EMPLOYER)			
Period of eligible service with NDPERS with above Employer only	Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)	
	Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)	
Period of absence from payroll of present employer during above service	Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)	
	Beginning Date (Mo., Day, Yr.)	Ending Date (Mo., Day, Yr.)	
*ELIGIBLE SERVICE MUST MEET THE FOLLOWING RULES: 1) EMPLOYED BY A PARTICIPATING EMPLOYER. 2) ATTAINED AGE 18. 3) POSITION IS PERMANENT. 4) WORKED AT LEAST 20 HOURS PER WEEK FOR AT LEAST 5 MONTHS PER YEAR.			
PART C EMPLOYER AUTHORIZATION			
This certifies that the above mentioned employee is currently in an eligible position for coverage under TIAA-CREF and has been since (Month) _____ (Year) _____.			
I certify that to the best of my knowledge and belief that the statements made above are full, true, and correct, and reflect the dates as contained in our records.			
_____ Signature of Authorized Agent		_____ Date of Signature	
PART D EMPLOYEE CERTIFICATION			
I declare that the foregoing statements are full, true, and correct to the best of my knowledge and belief and are subject to the laws and penalties governing any misrepresentation and fraud.			
_____ Employee Signature		_____ Date of Signature	

ORIGINAL TO NDPERS – PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS